

KENTUCKY TEACHERS' RETIREMENT SYSTEM
Medicare Eligible Health Plan (MEHP)
ENROLLMENT FORM

479 Versailles Road, Frankfort, Kentucky 40601
Phone: (502) 848-8500 or 1-800-618-1687 Fax: (502) 573-0199
www.ktrs.ky.gov

****KTRS USE ONLY****

Insurance Effective Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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REASON FOR APPLICATION:

☐

New Retiree

☐

Qualifying Event

☐

Open Enrollment

RETIREE INFORMATION (must be completed):

Retiree's Name

Social Security No.

Birthdate

Gender

RETIREE ENROLLMENT:

☐ I am Medicare eligible and desire to **enroll** in the KTRS MEHP administered by Humana and Medco.

☐ I am **already** enrolled in the KTRS MEHP.

☐ I waive coverage through the KTRS MEHP.

SPOUSE ENROLLMENT:

☐ I wish to **enroll** my Medicare eligible spouse in the KTRS MEHP administered by Humana and Medco.

Spouse's Name

Social Security No.

Birthdate

Gender

My signature below acknowledges that I must be enrolled in Medicare Part A (if eligible) and Part B before submitting this application. I understand that this application will be marked "VOID" if I have not provided proof of Medicare Part B coverage prior to the effective date of my insurance coverage through KTRS. I realize I am not eligible for the prescription portion of this coverage if I have enrolled in a Medicare Part D Prescription Drug Plan.

RETIREE'S SIGNATURE: _____

DATE: _____

SPOUSE'S SIGNATURE

(If enrolling in coverage): _____

DATE: _____

Home address: _____
Street City State Zip Code

Phone Number: _____

Email address: _____

**REVERSE SIDE
MUST BE
COMPLETED**

MEDICARE INFORMATION FORM

You must be enrolled in Medicare Part B to be eligible for the KTRS Medicare Eligible Health Plan (MEHP). Complete this form by copying information exactly from your red, white & blue Medicare card and return it to KTRS to enroll in the MEHP.

If you have applied for Medicare, but have not received your card, you must contact your local Social Security office to request your Medicare number and effective dates of Parts A and B. Then, upon receiving your Medicare card, you must forward a copy to KTRS at the address on the front of this form. Also, you must notify KTRS in the event your Medicare number changes due to the death of a spouse, marriage, or divorce.

If proof of your Medicare Part B coverage is not provided to this office before the MEHP enrollment date, you will not be enrolled in coverage through KTRS. You will be eligible to enroll during any open enrollment period by completing an MEHP Enrollment Form, providing proof of Medicare Part B coverage, and submitting the paperwork to this office no later than December 31 for an effective date of January 1. Outside of open enrollment, you will be eligible to enroll if a qualifying event occurs. Obtaining Medicare Part B is considered a qualifying event and you will only have 30 days from the event date to enroll. If you experience a qualifying event, contact this office to request an MEHP Enrollment Form.

SECTION 1 - RETIREE INFORMATION

RETIREE'S NAME: _____

SOCIAL SECURITY NUMBER: _____

MEDICARE CLAIM NUMBER: _____

HOSPITAL (PART A) EFFECTIVE DATE: _____

MEDICAL (PART B) EFFECTIVE DATE: _____

SECTION 2 - SPOUSE INFORMATION, if enrolled in KTRS medical coverage

SPOUSE'S NAME: _____

SOCIAL SECURITY NUMBER: _____

MEDICARE CLAIM NUMBER: _____

HOSPITAL (PART A) EFFECTIVE DATE: _____

MEDICAL (PART B) EFFECTIVE DATE: _____

SECTION 3 - MEDICARE PRESCRIPTION INFORMATION (if applicable)

Please note: If you have enrolled in prescription coverage through Medicare Part D or you have other prescription coverage that is considered creditable coverage, you are not eligible for prescription coverage through KTRS.

RETIREE PRESCRIPTION (PART D) EFFECTIVE DATE: _____

SPOUSE PRESCRIPTION (PART D) EFFECTIVE DATE: _____

**REVERSE SIDE
MUST BE
COMPLETED**